

10/516823

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
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3	/						
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TOTAL IND.	/ /	↓		↓		↓	
TOTAL DEP.	20	←		←		←	
TOTAL CLAIMS	31	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.			↓			↓	
TOTAL DEP.			←			←	
TOTAL CLAIMS			[REDACTED]			[REDACTED]	